## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

3313-046

| CLAIMS AS FILED - PART I<br>(Column 1)                                                |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 | (Column 2)       |   | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------|--------------------|---------------------------------|------------------|---|-------------------|------------------------|----|----------------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                                                                           |                                             | 20            |                    |                                 |                  |   | RATE              | FEE                    |    | RATE                       | FEE                    |
| FOR                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                             | NUMBER FILED  |                    | NUMB                            | ER EXTRA         |   | BASIC FEE         | 370.00                 | OR | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                                                                           |                                             | 2 0 minus 20= |                    | *                               |                  |   | X\$ 9=            |                        | OR | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                    |                                                                                                                                                                                                                                                                                                                           |                                             | 2 mir         | ച്ച minus 3 =      |                                 | *                |   | X42=              |                        | OR | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   | +140=             |                        | OR | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter                              |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    | r "0" in c                      | column 2         |   | TOTAL             |                        | OR | TOTAL                      | 025                    |
| CLAIMS AS AMENDED - PART II                                                           |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   |                   |                        | ı  | OTHER                      | THAN                   |
|                                                                                       |                                                                                                                                                                                                                                                                                                                           | (Column 1)                                  | (Colum        |                    |                                 | (Column 3)       |   | SMALLE            |                        | OR | SMALL                      |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               | NUM<br>PREVI       | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                                     | *                                           | Minus         | **                 |                                 | =                |   | X\$ 9=            |                        | OR | X\$18=                     |                        |
| ME                                                                                    | Independent                                                                                                                                                                                                                                                                                                               | *                                           | Minus         | ***                |                                 | =                |   | X42=              | •                      | OR | X84=                       |                        |
| Ľ                                                                                     | FIRST PRESE                                                                                                                                                                                                                                                                                                               | NTATION OF M                                | ULTIPLE DEF   | PENDEN             | T CLAIM                         |                  | ] | +140=             |                        | OR | +280=                      |                        |
|                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   | TOTAL             |                        | OR | TOTAL                      |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   | ADDIT. FEE        |                        | 10 | ADDIT. FEE                 |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                                                                           | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |               | HIG<br>NUM<br>PREV | HEST<br>MBER<br>MOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                                     | *                                           | Minus         | **                 |                                 | =                |   | X\$ 9=            |                        | OR | X\$18=                     |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                               | *                                           | Minus         | ***                |                                 | =                |   | X42=              | -                      | OR | X84=                       |                        |
|                                                                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                               | NTATION OF M                                | ULTIPLE DEF   | PENDEN             | TCLAIM                          |                  | J | +140=             |                        | OR | +280=                      |                        |
| TOTAL<br>ADDIT. FEE                                                                   |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   |                   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   |                   |                        |    |                            |                        |
| AMENDMENT C                                                                           |                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |               | HIG<br>NUI<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                                                                     | *                                           | Minus         | **                 |                                 | =                |   | X\$ 9=            |                        | OR | X\$18=                     |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                                                                               | *                                           | Minus         | ***                |                                 | =                | ] | X42=              |                        | OR | X84=                       |                        |
| Ľ                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT                                                                                                                                                                                                                                                                                  |                                             |               |                    |                                 | 1 []             |   | +140=             |                        | 1  | +280≈                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                           |                                             |               |                    |                                 |                  |   |                   |                        | OR | TOTAL                      |                        |
| **                                                                                    | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                             |               |                    |                                 |                  |   |                   |                        |    |                            |                        |